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MicroLink Information Technology and Business College -Mekelle Branch

Add and Drop Form



Department _____	Full Name including Grand Father's Name (in block letters)			1 st <input type="checkbox"/>	2 nd <input type="checkbox"/>	3 rd <input type="checkbox"/>
Regular <input type="checkbox"/>	Admission Classification Extension <input type="checkbox"/>	Section _____ IOD.No _____	Class Year 1 st 2 nd 3 rd <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			Sex M F <input type="checkbox"/> <input type="checkbox"/>
Course/added			Course/s dropped			
Course Title		Course No	Cr.hrs	Course Title		Course No
Total				Total		

Day/Month/Year _____
Account Section _____

Advisor's Name and Signature _____
Registrar: _____

✂.....



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